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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
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\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FRANCE	SHEETS DRAWING	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 4
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Verified and Acknowledged *[Signature]* *x2*  
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TITLE  
 Compositions and methods for treating cell proliferation disorders

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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